

Exhibit D

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER CBIZ Insurance Services 9755 Patuxent Woods Drive Suite 200 Columbia, MD 21046 | CONTACT NAME: S McCabe PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: smccabe@cbiz.com PRODUCER CUSTOMER ID #: | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------|--|--------|-------------|-----------------------------|--|-------------|---------------------------|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURED Fugro EarthData Inc Fugro Horizons Inc 7320 Executive Way Frederick, MD 21704 | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A :</td><td>Great Northern Insurance Co</td><td></td></tr> <tr> <td>INSURER B :</td><td>Chubb Indemnity Insurance</td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | Great Northern Insurance Co | | INSURER B : | Chubb Indemnity Insurance | | INSURER C : | | | INSURER D : | | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A : | Great Northern Insurance Co | | | | | | | | | | | | | | | | | | | | | |
| INSURER B : | Chubb Indemnity Insurance | | | | | | | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL NSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | 35294696 | 05/01/2011 | 05/01/2012 | EACH OCCURRENCE |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) |
| | | | | | | | PERSONAL & ADV INJURY |
| | | | | | | | GENERAL AGGREGATE |
| | | | | | | | PRODUCTS - COMP/OP AGG |
| | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | |
| | <input type="checkbox"/> RETENTION \$ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 71638642 | 05/01/2011 | 05/01/2012 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE |
| | | | | | | | E.L. DISEASE - POLICY LIMIT |
| | | | | | | | |
| A | Professional | | | 35294696 | 05/01/2011 | 05/01/2012 | 5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Durham is named as an additional insured under the general liability as required by written contract under the blanket additional insured endorsement.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| City of Durham Contract Administrator Finance Department 101 City Hall Plaza Durham, NC 27701 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>CBIZ Insurance Services, Inc.</p> |
|--|--|



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12/14/2011

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Aon Risk Services Southwest, Inc. dba Aon Risk Ins Services Southwest, Inc CA License 0559715 5555 San Felipe, Suite 1500 Houston TX 77056 USA | CONTACT NAME: PHONE (A/C. No. Ext): (832) 476-6000 FAX (A/C. No.): (800) 953-4542 E-MAIL ADDRESS: | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|--------------------------------------|-------|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Fugro, Inc. Fugro Earthdata Inc./ Fugro Horizons, Inc. 18227 AirPark Road Hagerstown MD 21742 USA | <table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: American Commerce Ins Co.</td><td>19941</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: American Commerce Ins Co. | 19941 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: American Commerce Ins Co. | 19941 | | | | | | | | | | | | | | |
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| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 570044678003

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--------------------------------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION <input type="checkbox"/> | | | | | | EACH OCCURRENCE AGGREGATE |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> WC <input type="checkbox"/> STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT |
| A | Misc Liab Cvg | | | 14000794 FEDI/FHI Aviation Hull & | 10/01/2011 | 10/01/2012 | Limit (1) \$50,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

On any aircraft owned or operated by Fugro, Inc. and Fugro Earthdata Inc. and Fugro Horizons, Inc.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| City of Durham Contract Administrator Finance Department 101 City Hall Plaza Durham NC 27701 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i> |
|--|---|



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| | | | |
|---|--|--|--|
| PRODUCER Aon Risk Services Southwest, Inc. dba Aon Risk Ins Services Southwest, Inc CA License 0559715 5555 San Felipe, Suite 1500 Houston TX 77056 USA | | CONTACT NAME: PHONE (A/C. No. Ext): (832) 476-6000 FAX (A/C. No.): (800) 953-4542 E-MAIL ADDRESS: | |
| INSURED Fugro, Inc. Fugro Earthdata, Inc/Fugro Horizons Inc 18227 Air Park Road Hagerstown MD 21742 USA | | INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Co. NAIC # 23043 INSURER B: Starr Indemnity & Liability Company 38318 INSURER C: INSURER D: INSURER E: INSURER F: | |

Holder Identifier :

COVERAGES

CERTIFICATE NUMBER: 570044677975

REVISION NUMBER:

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Limits shown are as requested

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| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | Y | Y | AS1-641-005066-021 | 07/01/2011 | 07/01/2012 | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION | Y | Y | ARS5101 | 07/01/2011 | 07/01/2012 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Durham is added as an Additional Insured for Automobile and Umbrella Coverage and provided a waiver of Subrogation as required by written contract but limited to the operations of the Insured under said contract, and always subject to the policy terms, conditions and exclusions.

Certificate No : 570044677975

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| City of Durham Contract Administrator Finance Department 101 City Hall Plaza Durham NC 27701 USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i> |

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ACORD 25 (2010/05)

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| | | |
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| PRODUCER Aon Risk Services Southwest, Inc. dba Aon Risk Ins Services Southwest, Inc CA License 0559715 5555 San Felipe, Suite 1500 Houston TX 77056 USA | CONTACT NAME: PHONE (A/C. No. Ext): (832) 476-6000 FAX (A/C. No.): (800) 953-4542 E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company NAIC # 19437 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| INSURED Fugro Earthdata, Inc. 7320 Executive Way Frederick MD 21704 USA | | |

COVERAGES CERTIFICATE NUMBER: 570044677991 REVISION NUMBER:

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| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED <input type="checkbox"/> RETENTION | | | | | | EACH OCCURRENCE AGGREGATE |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT |
| A | Archit&Eng Prof | | | 015438063 SIR applies per policy terms & conditions | 03/31/2011 | 06/30/2012 | Per Claim \$1,000,000 Aggregate \$5,000,000 SIR Per Claim \$2,500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Includes Contractor's Pollution Coverage.

CERTIFICATE HOLDER

CANCELLATION

| | |
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| | AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i> |

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